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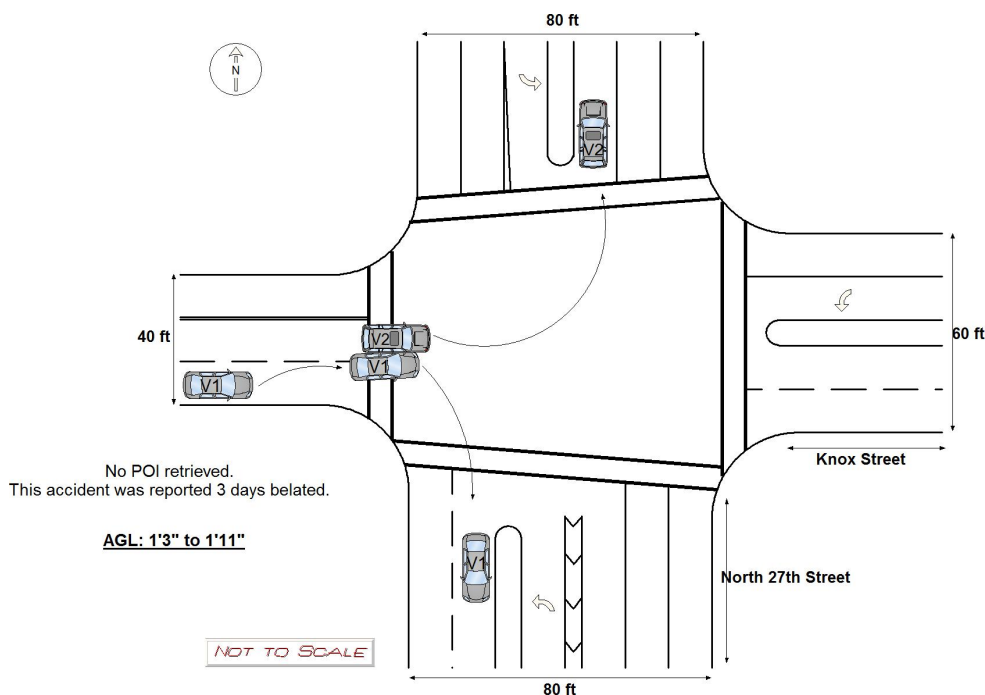
State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 131	Agency Case No. B5-093215	HIT & RUN? <input checked="" type="radio"/> YES <input type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 10/03/2015		S M T W TH F S <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>		(In Military Time) TIME OF ACCIDENT 1430
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1935	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	STATE USE ONLY 10/06/2015
B 66	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. KNOX ST		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY N 27TH ST			IF NOT AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	HIT AND RUN			STATE (Of License)	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 2	DRIVER ADDRESS			CITY, STATE, ZIP	PHONE	LOCAL NO.
V2/N 2	OWNER HIT AND RUN			PHONE	DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.
G 6	OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
H 2	LICENSE PLATE NO.	YEAR MAKE MODEL BODY STYLE 4 door Sedan			COLOR black	ESTIMATED DAMAGE <input type="radio"/> TOALED \$
V1/O 5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/O 1	VEHICLE ID NO. (VIN)	TOWED TO			TOWED BY	POLICY NO.
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	G02123902			STATE (Of License)	NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 8	DRIVER SUSAN M MARSHALL			PHONE 402-202-5165	LOCAL NO.	
V2/P 1	DRIVER ADDRESS 5038 CONSTITUTIONAL AVE, LINCOLN, NE 68521			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	07/25/1962
J 01	OWNER SUSAN M MARSHALL			PHONE 402-202-5165	LOCAL NO.	
V1/Q 4	LICENSE PLATE PA NO.	RYV560			YEAR (Plate Expires) 2016	STATE (Of Plate) NE
V2/Q 4	VEHICLE	YEAR 2008	MAKE Nissan	MODEL ROGUE	BODY STYLE Medium/large	COLOR gray
K 02	VEHICLE ID NO. (VIN)	JN8AS58T08W011099			INSURANCE COMPANY FARMERS	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 660
TOWED TO			TOWED BY			POLICY NO. AU097598
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



D2 stated she was EB on Knox St. at N 27th St. D2 stated she was in the left turn lane to turn NB onto N 27th St. when V1, which was next to her in the through lane of Knox St., made a wide right turn onto SB N 27th St. D2 stated V1 struck her vehicle and continued SB on N 27th St. D2 stated that due to traffic she was unable to turn SB to exchange information with D1. D2 described D1 as a W/F approximately 80 years old with dark hair and oxygen tubes on her face. D2 believed the plate on V1 had 'F1192' on it and believed it was a standard Nebraska plate. The plate does not come back to any vehicle. No suspects.

PROPERTY	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE <b>\$</b>																										
	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE <b>\$</b>																										
WITNESSES	NAME								ADDRESS								PHONE																										
	NAME								ADDRESS								PHONE																										
VEHICLE MOVEMENT BEFORE COLLISION										POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)										AIRBAG DEPLOYED VEHICLE 1						RESTRAINT USE VEHICLE 1						TOTAL OCCUPANTS				VEH 1		1		VEH 2		1	
VEH NO.		N	S	E	W	ROAD OR HIGHWAY NAME														ALCOHOL TESTING				Driver No. 1		Driver No. 2		Pedestrian															
1				X		KNOX ST														VEHICLE 1				VEHICLE 2				6				9				Y		Y		Y			
2				X		KNOX ST				POINT OF IMPACT		08		POINT OF IMPACT		02		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				N		X		N		X		N		N							
1		05		06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				MOST DAMAGED AREA		08		MOST DAMAGED AREA		02		BAC LEVEL										Driver No. 1		Driver No. 2															
2		06										00 None		02		03		04		5		1																					
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right										09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other										VEHICLE 2										VEHICLE 2										1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			
																				01										08													
OFFICER NO. 1694										TROOP/ TEAM/ BEAT 2										DEPARTMENT Lincoln Police Department										Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO													
INVESTIGATOR NAME (Print or Type) Joshua Zarasvand										INVESTIGATOR SIGNATURE Approved by Officer Joshua Zarasvand										DATE OF REPORT 10/06/2015																							